

anniversary of the Trinity United Methodist Church located in West Palm Beach, FL.

In October 2014, the Trinity United Methodist Church celebrated its 100th anniversary. Founded in 1914 by Reverend John H. Gordon, the church was organized along the Seaboard Railroad on Tamarind Avenue in West Palm Beach. Trinity was renovated following a fire and later modified after being heavily damaged during the Storm of 1928. In 1968, the church was sold and a new sanctuary was constructed on the corners of 9th Street and Golf Avenue in the Roosevelt Estates. Trinity's history is the story of faith, sacrifice and of a membership devoted to the community.

Since its founding, Trinity has served at the forefront of the community, working to enhance educational, social, and economic prosperity. Known as the "Civil Rights Headquarters," Trinity United Methodist Church served as the main meeting place to plan strategies in the fights for the right to vote, integration of schools, and equal access. Today, Trinity is still the headquarters for free rides to the voting polls, and often partners with the National Association for the Advancement of Colored People (NAACP) and Urban League on various other important initiatives.

Mr. Speaker, Trinity United Methodist Church is a true pillar of the community and I continue to applaud their efforts. I wish the Trinity United Methodist Church many more years of continued prosperity.

INTRODUCTION OF THE SUPPORTING COLORECTAL EXAMINATION AND EDUCATION NOW (SCREEN) ACT OF 2015

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. NEAL. Mr. Speaker, I rise today to introduce the Supporting Colorectal Examination and Education Now (SCREEN) Act of 2015. This legislation promotes access to critical colorectal screening procedures by removing barriers to one of the most effective preventive health screenings available. Simply put, colon cancer screening tests like colonoscopy save lives by detecting and preventing cancer, also reducing costs for individuals, their families, the Medicare program, and the health care system as a whole.

The likelihood of developing colorectal cancer is greater than one in twenty; meaning that 133,000 Americans will be newly diagnosed this year. The American Cancer Society (ACS) estimates that 2,550 new cases of colorectal cancer will be diagnosed in my home state of Massachusetts this year and 930 Bay-Statens will die from this deadly disease. Among all cancers, colorectal cancer is the number two killer of Americans. This year alone, approximately 50,000 Americans will die from colorectal cancer.

Despite these daunting statistics, I am encouraged by the opportunities for improvement as colorectal cancer is among the most preventable of all cancers. Unlike most other cancer screenings designed to detect cancer at an early stage, colorectal cancer screenings can actually prevent cancer from occurring in the first place. If found early through screening tests like colonoscopy, pre-cancerous growths

called polyps can be removed, thus halting the progression to colorectal cancer. Therefore the way to beat this deadly disease is to ensure Medicare beneficiaries are screened regularly through a variety of detection methods, including colonoscopy. In fact, a recent study in the New England Journal of Medicine concluded that of the nearly 50,000 people expected to die of colorectal cancer this year, screening colonoscopy could save more than 50 percent of these deaths.

The month of March was "National Colorectal Cancer Awareness Month" and, I think, an appropriate time to reflect on some of the strides we have made as a nation in confronting colorectal cancer. While it remains the second leading cause of cancer deaths among men and women combined, both the incidence and death rate have been steadily declining in recent years. This is a budding public health success story due to improvement in screening rates, demonstrating the power of preventive medicine. Yet there is much more to accomplish. The federal, state and local governments, as well as other stakeholders have come together and pledged their efforts to achieve the goal of 80 percent of eligible Americans screened by 2018.

The screening rate for those in the target populations has increased nearly 10 percent over the past decade. In Massachusetts, we can boast one of the highest screening rates in the country at 75 percent. However, that still means that one out of every four eligible people is not getting screened. Furthermore, screening rates for recommended tests remain unacceptably low across the country, highlighting the need for public policies to help us achieve this collaborative national goal of 80 percent screened by 2018. In particular, the Medicare-age population, which is at the greatest risk for developing colorectal cancer, has screening rates far below this goal. CMS should be commended for implementing policies to increase screening utilization rates. However, Medicare beneficiaries make up two-thirds of all new cases of colon cancer, and the number is expected to increase by more than 50 percent by 2020.

Accordingly, the SCREEN Act is designed to enhance Medicare beneficiaries' ability to access colorectal cancer screening by fixing coverage gaps and disincentives under the benefit. Medicare currently covers certain colon screening services, but Medicare beneficiaries are not appropriately using this benefit for various reasons, including out-of-pocket costs and fear of the procedure itself. Medicare waives cost-sharing for cancer screenings recommended by the U.S. Preventive Services Task Force (USPSTF), which assigns an "A" rating for colorectal cancer screening. However, if a doctor finds and removes a pre-cancerous polyp during a screening colonoscopy—the whole point of the procedure in the first place—Medicare no longer considers it a "screening" and the beneficiary is required to pay co-insurance. The SCREEN Act waives cost-sharing under this scenario, as well as the necessary follow-up colonoscopy upon a positive finding of other recommended colorectal cancer screening tests covered by Medicare. These changes will help achieve this "80 percent by 2018" goal and will ensure there are no financial barriers for Medicare beneficiaries across this screening continuum in colorectal cancer prevention. Relatedly, the SCREEN Act would

stabilize Medicare reimbursement for screening tests for the next three years to encourage Medicare providers to participate in nationally recognized quality improvement registries and screening initiatives as we strive towards the "2018 goal." This bill would ensure that the Medicare colorectal cancer screening benefit works for both patients and the physicians treating Medicare beneficiaries.

Unfortunately, fear of the screening colonoscopy test itself undermines the goal of increasing colorectal cancer screening utilization rates. This fear has also undermined screening rates for another public health epidemic in Medicare, Hepatitis C. Medicare has concluded that our nation's veterans and baby boomers—who make up about 30 percent of the U.S. population—account for two-thirds of the people with Hepatitis C in the U.S. CMS also notes that roughly 85 to 90 percent of those infected with Hepatitis C are asymptomatic, meaning they have no outward signs of disease. The Centers for Disease Control (CDC) and USPSTF recommend age-based screening for both colorectal cancer and Hepatitis C, even if the Medicare beneficiary has no symptoms. Just like colorectal cancer screening, we must do more to increase screening for Hepatitis C.

The SCREEN Act recognizes the critical role that doctors play in providing information, alleviating fears, and encouraging patients to ask questions, and thus establishes a demonstration project to allow Medicare beneficiaries the opportunity to discuss these screening procedures with the provider performing the procedure. Thus, allowing the Medicare beneficiary the option to be screened for Hepatitis C at the same time the beneficiary is undergoing a screening colonoscopy. One recent study has demonstrated that more patients will agree to get a Hepatitis C screening while they are undergoing a screening colonoscopy.

In addition to raising awareness, now is the time to redouble our commitment to preventing and beating and preventing colorectal cancer. I therefore urge my colleagues to join me in supporting the SCREEN Act.

HONORING TERRY CLEMENTS

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. ENGEL. Mr. Speaker, our communities remain vibrant and strong thanks to volunteer leaders who maintain a high level of involvement. Terry Clements has been a shining example of that type of civic engagement.

Terry Clements was born in Chicago, Illinois, and began her esteemed tenure of service as a graduate of Antioch College with a Bachelor's degree in Anthropology, followed by a Masters in Elementary Education at Fordham University.

After earning her degrees, Terry resided in West Hollywood, California. She was a prominent talent manager and consultant in the entertainment business, working with such stars as Kenny Loggins, David Bowie, Iggy Pop, the Charlie Daniels Band, and Michael Jackson.

Terry became the co-principal of a recording studio in Chicago, and helped inspire the concept of Studio Jams, a live studio concert on